DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES FACILITY: DELAWARE CORRECTIONAL CENTER This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

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71.							
D.							
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	Provider Signature & Title				Date & Ti	me	

3/1/99 DE01

FORM#: MED

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DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH Housing Location SBI Number Complaint (What type of problem are you having)? Inmate Signature Date The below area is for medical use only. Please do not write any further. S: O:Temp: B/P: WT: Pulse: Resp: A: P: E: Date & Time Provider Signature & Title

3/1/99 DE01

FORM#:

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Exhibit_27 (27)